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## \*BIBDATASHEET\*

CONFIRMATION NO. 4945

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/758,687	<b>FILING OR 371(c) DATE</b> 01/15/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> MED03-12
<b>APPLICANTS</b> Charles D. Lennox, Hudson, NH;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/330,638 12/27/2002 PAT 7,156,867 which claims benefit of 60/344,986 12/31/2001 This application 10/758,687 claims benefit of 60/440,279 01/15/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/19/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 53
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 21125				
<b>TITLE</b> METHOD AND APPARATUS FOR MANAGING TEMPERATURE IN A PATIENT				
<b>FILING FEE RECEIVED</b> 1966	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	